

Community Challenge Grant Program Application Cover Sheet

1. Applicant Agency Name: _____

Address: _____

City _____

County: _____

Zip: _____ FAX: (____) _____ Telephone: (____) _____

2. Name of Executive Director: _____ E-mail: _____

3. Project Name: _____

4. Funds Requested:

Fiscal Year 1999/2000: \$ _____

Fiscal Year 2001/2002: \$ _____

Fiscal Year 2000/2001: \$ _____

TOTAL: \$ _____

5. Indicate the Geographic Service Area of Proposed Project:

☐ County _____

☐ Regional (multi-county area) _____

6. Target Population(s) to be reached by the Proposed Project:

A. ☐ Pre-sexually Active Adolescents

☐ Parents & Families

☐ Sexually Active Adolescents

☐ Women at Risk for Unwed Motherhood

☐ Pregnant & Parenting Adolescents

☐ Men at Risk for Absentee Fatherhood

☐ Other, specify: _____

By submitting this application, the applicant signifies acceptance of the responsibility to comply with all grant requirements stated in this RFA, released by the Office of Community Challenge Grants/California Department of Health Services (DHS). The applicant understands that DHS is not obligated to fund the project until the applicant correctly submits completed documents required for the grant award agreement. The applicant further agrees to administer the grant project in accordance with the statute, this RFA, and the grant award resulting from the RFA, and to participate in the statewide evaluation.

7. Signature of Authorized Agency Official (sign original in blue ink):

Signature

Title

Date